

Michigan Medicaid Hearing Services Database Explanation

This document contains information for interpreting the Michigan Medicaid Hearing Services Database. The database lists the covered services for cochlear implant manufacturers and the covered audiology services for the following Medicaid enrolled providers:

- Outpatient Hospital
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Outpatient Rehabilitation Agency
- CAA-Accredited University Graduate Education Program
- ASHA Certified Audiologist/Hearing Center

Refer to the Outpatient Therapy Services Database for a listing of covered outpatient speech therapy services.

The database is available in two formats:

- PDF excel file for viewing and/or printing a page
- WINZIP self-extracting executable Excel file for downloading data onto your computer

The Hearing Services Database includes the following data elements:

- HCPCS Code
- Informational Modifier
- Code Description
- Status Code
- Maximum Fee
- Limits
- Prior Authorization (PA) Indicator
- Age Limits

Questions on the database should be directed to Provider Inquiry by phone at 1-800-292-2550 or email to ProviderSupport@michigan.gov. Include your name, affiliation and phone number for contact information.

Data Element	Description
HCPCS Code	The HCPCS Level 1 or Level 2 code used to denote a service.
Informational Modifier	The following modifiers are required for ear molds/inserts: LT - Left Side of the Body RT - Right Side of the Body
Code Description	The description of the service associated with the HCPCS code.
Status Code	Indicates if a code is active (covered) when the database is published and whether additional information is required. A -Active code M -Additional information is required to process the claim D - Deleted code since last published database
Maximum Fee	Represents the maximum fee screen Medicaid will pay for the service. If the fee is \$0.01, it is individually priced.
Limits	Indicates the maximum quantity of a service that may be reimbursed within the time frame indicated unless an additional quantity has been prior authorized. This field may also indicate the maximum dollar amount that may be reimbursed within the time frame designated.
Prior Authorization (PA) Indicator	Indicates "Y" if item requires PA and "N" if no PA is required.
Age Limits	Age range in which coverage of the item is considered.